

LEESBURG POLICE DEPARTMENT

Police Officer Application



Mail Application To:
City of Leesburg
Human Resources Department
PO Box 490630
Leesburg, FL 34749-0630

Name: _____

Address: _____

SS#: _____ Email: _____

Date Received: _____

Date Reviewed: _____

Application Complete: ☐ Yes ☐ No

Qualifications Met: ☐ Yes ☐ No

Test Date: _____

Passed: ☐ Yes ☐ No

CH/DL Check: ☐ Yes ☐ No

Interview Date: _____

Background Date: _____

Conditional Offer: _____

Start Date: _____



LEESBURG
The Lakefront City
Equal Opportunity Employer

**Leesburg Police Department
Police Application Process**

Questions regarding this application and the city's hiring process may be directed to:

City of Leesburg
Human Resources Division
www.leesburgflorida.gov/employment/
employment@leesburgflorida.gov
352-728-9740

For more information about the Leesburg Police Department or to speak to a recruiter for assistance with this application:

Leesburg Police Department
www.leesburgpolice.com
352-728-9860

APPLICATION CHECKLIST	
	Birth Certificate
	Social Security Card
	Driver's License (Must have a Florida license)
	High School or GED Transcript
	Florida Law Enforcement Academy Certificate
	Florida Basic Law Enforcement Exam Results
	Certified College Transcripts (if applicable)
	Proof of Name Change
	Selective Service Registration
	Military Separation Record (DD-214)
	Naturalization Papers (if applicable)

Please use this checklist to begin gathering the required documents. You do not need to attach these documents to submit your application, but you will need to provide them when you are scheduled for testing.

Please complete all portions of the application fully and accurately. Incomplete or inaccurate information will result in your processing being delayed or stopped. All addresses must be complete, including zip codes and telephone numbers. If an item does not apply, please write N/A for "not applicable."

This completed application must be notarized prior to submittal. Providing false information shall be sufficient cause for rejection. All information contained in this application will be verified through a background investigation and a truth verification examination.

QUALIFICATIONS

- Must be a U.S. citizen
- At least 19 years of age
- Of good moral character
- Possess a valid Florida driver's license
- Possess a current Florida law enforcement certificate, or be currently enrolled in a Florida Criminal Justice and Standards Training Commission certification program.
- Meet established Job Task Analysis standards
- Submit a completed Leesburg Police Department application with all required documentation to Human Resources. You may attach a resume; however all required information must be in the application itself.

REQUIRED DOCUMENTS

- Birth Certificate – a copy of the document must be from the Bureau of Vital Statistics from the state of your birth.
- Social Security Card
- Driver's License – a photocopy of your current driver's license (include back of license if renewal information is located on the back.)
- High School Transcript or GED
- Law Enforcement Academy Certificate
- Florida Basic State Law Enforcement Exam Results – (if received)
- A Certified College Transcript – if your application reflects that you hold a college degree, you must submit copies of your college transcripts for each degree that you hold. Copies may be sent from your college directly to Human Resources in a sealed envelope, or attached to your application in a tamper evident envelope sealed by the college.
- Proof of Name Change – if applicable.
- Military Record – DD214 (Member 4 Copy) reflecting character of service and type of separation for each tour of duty or branch of service.
- Selective Service Registration – all male applicants between the ages of 18 and 26 must submit a copy of their Selective Service Registration or Exemption card.
- Naturalization Papers (if applicable) – **Federal law prohibits copying of naturalization papers. The actual papers must be presented at the time of application.**
- Where possible, applicants with law enforcement experience should provide copies of their last three evaluations (or less based on length of service) from their current and/or previous agencies. While this information is helpful, it is not required.

SELECTION PROCESS

- The Leesburg Police Department typically hires throughout the year filling vacancies as they come available. Applications may be submitted at any time to Human Resources.
- Applications are reviewed by the Deputy Chief of Police and/or his designee for completeness and to ensure that minimum qualification requirements are met.
- Applicants will be screened for criminal history, driving history, and local agency and court records.
- Qualified applicants will be notified of the next testing date. Applicants must pass a general police aptitude test, which includes spelling, math, vocabulary, and reading comprehension, with a minimum score of 80%. Applicants must also pass a written Law Enforcement Code of Ethics and Police Canons test with a minimum score of 80%. Study materials are provided to applicants one week prior to the testing date.
- Applicants who successfully complete the written tests will be invited to participate in an oral review board.
- Upon successful completion of the oral review board, a thorough background investigation will be completed on each applicant. This investigation includes interviews of personal references, family members, former and current employers, supervisors, co-workers, and others as deemed necessary to determine the applicant's character and suitability for employment as a police officer. Personnel and disciplinary files from former employers, including law enforcement, will be reviewed by the investigator. This process takes approximately two to three weeks to complete based on the number of applicants being processed.
- Applicants whose background is deemed favorable may be given a conditional offer of employment based on available positions and their ranking in the testing and interview process.
- Upon receipt of a conditional offer, a final background investigation interview will be conducted to clarify outstanding questions or concerns, if any exist. Applicants must also successfully complete the following post-conditional offer employment requirements:
 - A urinalysis drug screening test pursuant to Florida State Statute 943 (Rule 11B-2700225)
 - A Computerized Voice Stress Analysis (CVSA) examination of applicant information.
 - A psychological evaluation conducted by a licensed psychologist.
 - A complete physical examination conducted by a medical doctor selected by the department.
- Upon successful completion of all selection requirements, applicants will be contacted and provided with a start date.

**CITY OF LEESBURG
CLASS DESCRIPTION**

CLASS TITLE: POLICE OFFICER

GENERAL DESCRIPTION OF CLASS

The purpose of the class is to protect life and property, enforce laws, and investigate crime. The class is responsible for surveillance, law enforcement, investigations, apprehension, and reporting. The class works according to procedures; decides how and when to do things under general supervision.

ESSENTIAL TASKS

The tasks listed below are those that represent the majority of the time spent working in this class. Management may assign additional tasks related to the type of work of the class as necessary.

Conducts routine patrols in residential and business areas; maintains contact with businesses and residents to establish good relations.

Responds to calls for police service and responds to crimes, domestic disputes, disturbances, disputes among neighbors, juveniles, or other incidents; apprehends law breakers as necessary; conducts follow-up investigations of crimes and other incidents, conducts surveillance of areas for suspected or potential criminal activity

Provides information and/or assistance to the public, informing citizens of services in the community, or providing referrals to other city, county, or state agencies.

Maintains the peace and safety of the community by quelling public disturbances and maintaining order at group functions.

Provides for the safe and convenient flow of traffic and pedestrians within the community, investigates traffic accidents, enforces traffic violations, promotes vehicular and pedestrian safety, reports unsafe road conditions, and conducts DUI or other investigations.

Issues civil or legal documents such as traffic citations; prepares written reports, forms, and other documents as required; may testify in civil and criminal court proceedings or give depositions.

Provides specialized police service when trained and assigned such as K-9, Bicycle Patrol, Motorcycle Patrol, or other.

May perform administrative or specialized functions when trained and assigned such as administrative support services, property and evidence, field and firearms training, public information, athletics, or other.

INVOLVEMENT WITH DATA, PEOPLE, AND THINGS

DATA INVOLVEMENT: *Data are information, knowledge, and conceptions obtained by observation, investigation, interpretation, visualization, and mental creation. Data are intangible and include numbers, words, symbols, ideas, concepts, and oral verbalizations.*

Gathers, organizes, analyzes, examines, or evaluates data or information and may prescribe action based on such data or information.

PEOPLE INVOLVEMENT: *People include coworkers, workers in other areas or agencies and the general public.*

Persuades or influences others in favor of a service, point of view, or course of action; may enforce laws, rules, regulations, or ordinances.

INVOLVEMENT WITH THINGS: *Things are inanimate objects such as substances, materials, machines, tools, equipment, work aids, and products. A thing is tangible and has shape, form, and other physical characteristics.*

Handles or uses machines, tools, or equipment that requires moderate instruction and experience such as protective equipment, police vehicles, firearms, computers, and software programs such as word processing, spreadsheets or custom law enforcement applications.

COGNITIVE REQUIREMENTS

REASONING REQUIREMENTS: *Reasoning requires consideration of factors and variables to derive solutions to problems.*

Performs skilled work involving rules/systems but solves problems almost constantly.

MATHEMATICAL REQUIREMENTS: *Mathematics requires the use of symbols, numbers and formulas to solve mathematical problems.*

Performs addition and subtraction, multiplication and division and/or calculates ratios, rates and percents.

LANGUAGE REQUIREMENTS: *Language involves the ability to read, write, and speak.*

Reads technical instructions, procedures manuals, and charts to solve practical problems; composes routine and specialized reports, forms, and letters; speaks compound sentences using normal grammar and word form.

MENTAL REQUIREMENTS: *Mental ability involves analysis, initiative, ingenuity, creativity, and concentration required by the job and the presence of any unusual pressures present in the job.*

Performs technical tasks requiring a wide range of procedures and requiring intensive understanding of a restricted field or complete familiarity with the functions of a unit or

small division of an operating agency; requires normal attention with short periods of concentration for accurate results or occasional exposure to unusual pressure.

JUDGMENTS AND DECISIONS

JUDGMENTS AND DECISIONS: *Judgments and decisions refer to the frequency and complexity of judgments and decisions given the stability of the work environments, the nature and type of guidance, and the breadth of impact of the judgments and decisions.*

Guides others, making frequent decisions, affecting the individual, coworkers, and others that depend on the service or product.

Guides others, making frequent decisions affecting the individual, coworkers, crime victims, and others that depend on the service or product.

VOCATIONAL/EDUCATIONAL AND EXPERIENCE PREPARATION

VOCATIONAL/EDUCATIONAL PREPARATION: *Vocational/Educational preparation includes job specific training and education required for entry into this job. The training and education may be acquired in a school, work, military, institutional or vocational environment. It does not include the orientation time required of a fully qualified worker to become accustomed to the special conditions of any new job, nor does it include the amount of time that a worker spends to learn reasoning, language, and mathematical skills, which are often learned in school.*

Requires a high school diploma or GED.

SPECIAL CERTIFICATIONS AND LICENSES: *Special Certifications and Licenses refers to state, federal, or professional certifications or licenses required to enter or maintain the job.*

Driver's License
Police Officer Certification for State of Florida.

EXPERIENCE REQUIREMENTS: *Experience refers to the amount of work experience that is required for entry level into the position that would result in a reasonable expectation that the employee can perform the job. It may be experience that can be gained on the job or experience in a previous job.*

AMERICANS WITH DISABILITIES ACT REQUIREMENTS

PHYSICAL AND DEXTERITY REQUIREMENTS: *Physical and dexterity refers to the requirement for physical exertion and coordination of limb and body movement.*

Requires medium work that involves walking, running, standing, stooping, jumping, or lifting much of the time, involves exerting between 20 and 50 pounds of force on a regular and recurring basis, and exceptional skill, adeptness, and speed in the use of fingers, hands, or limbs in tasks involving suspect restraint, firearms, and other law enforcement duties.

ENVIRONMENTAL HAZARDS: *Environmental hazards refers to the job conditions that may lead to injury or health hazards even though precautions have been taken.*

The job may risk exposure to extreme heat and/or cold, bright/dim light, dusts and pollen, wet or humid conditions, extreme noise levels, animals/wildlife, fumes and/or noxious odors, traffic, moving machinery, heights, disease/pathogens, toxic/caustic chemicals and violence.

SENSORY REQUIREMENTS: *Sensory ability refers to hearing, sight, touch, taste, and smell required by the job.*

The job requires normal visual acuity and field of vision, hearing, speaking, color perception, sense of taste, sense of smell, depth perception, and texture perception.

ADA COMPLIANCE

The City of Leesburg is an Equal Opportunity Employer. ADA requires the City to provide reasonable accommodations to qualified individuals with disabilities. Prospective and current employees are invited to discuss accommodations.

PERSONAL INFORMATION

1. Full Name _____
(First) (Middle) (Last)

Address _____
(Number) (Street)

(City) (State) (Zip)

Email Address _____

Social Security Number _____ Date of Birth ____/____/____

Home Phone (____) ____-____ Work Phone (____) ____-____

Cell Phone (____) ____-____ Best time to contact? _____ am/pm

2. Race _____ Gender _____ Height ____ft. ____in. Weight _____lbs.

Eye Color _____ Hair Color _____

3. Have you ever had your name changed? Yes____ No____ If "Yes,"

a. Previous Name (s) _____

b. Date(s) of Change _____

c. County/State _____

d. Reason for Change _____

4. Emergency Contact: _____
(First) (Last) (Relation)

Address _____
(Number) (Street) (City) (State) (Zip)

Home Phone (____) ____-____ Work Phone (____) ____-____

CITIZENSHIP INFORMATION

1. Are you a U.S. citizen? Yes____ No____

2. Did you obtain U.S. citizenship by naturalization? Yes____ No____

3. Naturalization: Date ____/____/____ Location _____

Number _____

1. Are you currently employed as a law enforcement officer? Yes____ No____ If yes,

Agency Name _____

Address _____
(Number) (Street) (City) (State) (Zip)

Agency Phone (____) ____ - ____

Current Rank _____ Current Division _____

Current Supervisor's Name _____

Date of Hire ____/____/____

2. If not currently employed as a law enforcement officer, what was the last law enforcement agency you worked for?

Agency Name _____

State _____ Dates of Employment ____/____/____ to ____/____/____

3. Total number of years and months experience as a law enforcement officer:

Years _____ Months _____

4. Have you ever applied to the Leesburg Police Department? Yes____ No____

If "Yes," when? _____

5. Please list any agency to which you have already applied. Attach additional sheets if necessary.

Agency Name _____ Date ____/____/____

Agency Name _____ Date ____/____/____

Agency Name _____ Date ____/____/____

Agency Name _____ Date ____/____/____

Agency Name _____ Date ____/____/____

Agency Name _____ Date ____/____/____

6. Please list any law enforcement certifications you currently hold. Attach additional sheets if necessary.

Certificate _____ Date ____/____/____

Certificate _____ Date ____/____/____

Certificate _____ Date ____/____/____

Certificate _____ Date ____/____/____

Certificate _____ Date ____/____/____

Certificate _____ Date ____/____/____

7. Do you speak any foreign languages? Yes____ No____ If "Yes," please list each language you currently speak.

Language _____

Language _____

Language _____

8. Please explain in your own words why you feel you are qualified to serve as a law enforcement officer. Please list any additional qualifications, skills, or knowledge that you possess that you feel help qualify you for law enforcement service.

MILITARY EXPERIENCE

1. Have you ever served in the United States Armed Forces? Yes____ No____

Branch _____ Dates of Service ____/____/____ to ____/____/____

Type of Discharge _____

Were you an officer or enlisted? _____ Rank upon discharge? _____

Last Duty Station _____

*If you served in more than one branch of service, or have more than one DD214 from the same branch of service, please attach additional sheets as necessary.

2. Please describe your military training and experience. Be sure to list any special training or certifications received.

3. While in the military, were you ever reprimanded, convicted, or adjudicated guilty for any offense under the Uniform Code of Military Justice? Yes____ No____ If "Yes," explain in detail.

4. Please list any awards or commendations received during your military service.

EMPLOYMENT HISTORY

Describe below all of your past employment to the best of your recollection. Include any self-employment, military (both active duty and reserves), part-time, temporary, volunteer work, and periods of unemployment. Please begin with your current employer and work backward. Attach additional sheets if necessary. Applicants may be required to provide proof of experience claimed. Former employers will be contacted during the background investigation to verify your work experience, work ethic, honesty and integrity.

May we contact your current employer? Yes____ No____ (If you state "No" and a conditional job offer is given, we will contact your employer at that time.)

Does your current employer know that you are seeking other employment?
Yes____ No____ (If you indicated "Yes" above but "No" here, we will still contact your current employer in the final stages of the hiring process.)

1. Employer _____ Dates _____ to _____

Address _____
Number Street City State Zip

Phone (____) ____ - ____ Position Held _____

Supervisor _____ Type of Business _____

Reason for Leaving _____ Last Salary _____

2. Employer _____ Dates _____ to _____

Address _____
Number Street City State Zip

Phone (____) ____ - ____ Position Held _____

Supervisor _____ Type of Business _____

Reason for Leaving _____ Last Salary _____

3. Employer _____ Dates _____ to _____

Address _____
Number Street City State Zip

Phone (____) ____ - ____ Position Held _____

Supervisor _____ Type of Business _____

Reason for Leaving _____ Last Salary _____

4. Employer _____ Dates _____ to _____

Address _____
Number Street City State Zip

Phone (____) ____ - ____ Position Held _____

Supervisor _____ Type of Business _____

Reason for Leaving _____ Last Salary _____

5. Employer _____ Dates _____ to _____

Address _____
Number Street City State Zip

Phone (____) ____ - ____ Position Held _____

Supervisor _____ Type of Business _____

Reason for Leaving _____ Last Salary _____

6. Employer _____ Dates _____ to _____

Address _____
Number Street City State Zip

Phone (____) ____ - ____ Position Held _____

Supervisor _____ Type of Business _____

Reason for Leaving _____ Last Salary _____

7. Employer _____ Dates _____ to _____

Address _____
Number Street City State Zip

Phone (____) ____ - ____ Position Held _____

Supervisor _____ Type of Business _____

Reason for Leaving _____ Last Salary _____

8. Employer _____ Dates _____ to _____

Address _____
Number Street City State Zip

Phone (____) ____-____ Position Held _____

Supervisor _____ Type of Business _____

Reason for Leaving _____ Last Salary _____

Yes____ No____ Have you ever been disciplined by an employer? If "Yes," please list the employer, date of disciplinary action, and the nature of the discipline.

Yes____ No____ Have you ever been terminated or asked to resign from a job? If "Yes," please list the employer and details.

Yes____ No____ If you have law enforcement experience, have you ever been or are you currently the subject of an internal affairs investigation? Please list agency, dates, nature of investigation, and the final outcome. Use additional sheets if necessary.

PERSONAL REFERENCES

Please list three personal references who you have known for at least five (5) years. Do not list neighbors or relatives. All information must be complete.

1. _____
(Name) _____ (Phone) _____

(Home Address) _____ (City) _____ (State) _____ (Zip) _____

(Occupation) _____ (Work Phone) _____
2. _____
(Name) _____ (Phone) _____

(Home Address) _____ (City) _____ (State) _____ (Zip) _____

(Occupation) _____ (Work Phone) _____
3. _____
(Name) _____ (Phone) _____

(Home Address) _____ (City) _____ (State) _____ (Zip) _____

(Occupation) _____ (Work Phone) _____

NEIGHBORHOOD REFERENCES

Please list two (2) neighbors who know you well.

1. _____
(Name) _____ (Phone) _____

(Home Address) _____ (City) _____ (State) _____ (Zip) _____
2. _____
(Name) _____ (Phone) _____

(Home Address) _____ (City) _____ (State) _____ (Zip) _____

1. Have you ever used, tried, tasted or experimented with marijuana?

Yes____ No____ If "Yes," how long ago? _____

2. Have you ever used, tried, tasted, experimented with or possessed any illegal controlled substance classified as a Schedule I substance (except marijuana), or Schedule II substance as enumerated in F.S.S 893.03? (see attached list)

Yes____ No____ If "Yes," please give details to include the date last used.

3. Have you ever used, tried, tasted, experimented with or possessed any hallucinogenic drug (e.g. LSD, PCP, Acid, etc.)? Yes____ No____ If "Yes," please give details to include the date last used.

4. Have you ever used any prescription narcotic or drug illegally (includes non-prescribed use of narcotics or drugs prescribed to you by a doctor or using prescription narcotics or drugs prescribed to someone else)? Yes____ No____ If "Yes," please give details to include the date last used.

5. Have you ever used any steroid or other illegal muscle-building drug?

Yes____ No____ If "Yes," please give details to include the last date used.

6. Have you ever purchased illegal drugs? Yes____ No____

7. Have you ever sold illegal drugs? Yes____ No____

8. Have you ever associated with or do you currently associate with individuals who you know or should know are using or selling illegal drugs? _____

9. Have you ever associated with or do you currently associate with any individual who you know to be a convicted felon? If so, please explain _____

10. Do you consume or have you ever consumed alcoholic beverages?

Yes _____ No _____ If "Yes," in what quantities? _____

11. Have you ever been arrested for any misdemeanor criminal offense involving perjury or a false statement? Yes _____ No _____ If "Yes," please list the offense below and indicate the status of the case.

CRIMINAL OFFENSE	DATE	CONVICTED
1.		Yes No
2.		Yes No
3.		Yes No

12. Have you ever been arrested for any other misdemeanor criminal offense? Yes _____ No _____ If "Yes," please list the offense below and indicate the status of the case.

CRIMINAL OFFENSE	DATE	CONVICTED
1.		Yes No
2.		Yes No
3.		Yes No

13. Have you ever been arrested for any felony criminal offense? Yes _____ No _____ If "Yes," please list the offense below and indicate the status of the case.

CRIMINAL OFFENSE	DATE	CONVICTED
1.		Yes No
2.		Yes No
3.		Yes No

14. If you answered "Yes" to question 11, 12, or 13, please provide the following information for each arrest on a separate sheet of paper:

Where the Offense Occurred (City, County, State)

Arresting Agency

Status of Case (Dropped, Nolle Prossed, Pled, Convicted, etc.)

Explanation of the offense and circumstances surrounding the arrest

Note – Criminal records sealed under Florida Statutes as well as most states' laws may be available for inspection by a criminal justice agency for the purpose of employment.

15. Can you operate a motor vehicle? Yes____ No____

16. Do you currently possess a valid driver's license? Yes____ No____

Driver's License Type/Class _____ License Number _____

Expiration Date ____/____/____ State of Issuance _____

17. Please list all states in which you have held a driver's license and the dates during which the license was valid.

18. Has your driver's license ever been suspended or revoked for any reason?
Yes____ No____ If "Yes," please provide the state and dates for which your license was suspended or revoked.

19. Was your license restored? Yes____ No____ Date _____

20. Have you ever been convicted of, or pled to fleeing and/or attempting to elude a police officer as defined in F.S.S. 316.1935? Yes____ No____ If Yes, please list the arresting agency, date of the offense, and the disposition of the arrest.

21. Have you ever been arrested for the offense of driving under the influence as defined by F.S.S. 316.193? Yes____ No____ If Yes, please list the arresting agency, date of the offense, and the disposition of the arrest.

22. Have you ever received a traffic citation, other than parking? Yes____ No____ If "Yes," please provide the information below.

CITY/COUNTY/STATE	AGENCY	DATE	CHARGE	DISPOSITION

23. Please list any gangs, clubs, social groups, or organizations in which you have been or currently are a member and the dates of your association with that group (e.g. street gangs, motorcycle clubs, civic organizations, hate groups, militias, etc.)

24. Do you now or have you ever had regular association with any person or organization that you knew, or should have known, was under criminal investigation, or had a reputation in the community or with law enforcement agencies for being involved in criminal or terrorist behavior? Yes_____ No_____ If "Yes," please provide details of your involvement.

PREVIOUS RESIDENCES

Please list chronologically all residences, including any college or military addresses, for the last ten (10) years. Do not list post office boxes: give the actual physical address (house number and street name). Begin with your current residence and work backward.

FROM	TO	STREET ADDRESS	CITY	COUNTY	STATE

I affirm that this application contains no misrepresentations, falsifications, omissions or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from any eligibility list. If already appointed, I may be dismissed.

(Date)

(Signature)

SWORN to and SUBSCRIBED before me this _____ day of _____ of _____.

Notary Public _____

VETERAN'S PREFERENCE SUPPLEMENT

Supplement to employment application Veterans' Preference in Appointment and Retention in Employment Rule, Chapter 55A-7 of the Florida Administrative Code.

Do you wish to claim Veterans' Preference in accordance with the above captioned rule?

Yes ____ No ____

If yes, please complete the following questions, date and sign this supplement

If no, please check no, date and sign this supplement.

Have you claimed veterans' preference with an employer since October 1, 1987?

Yes ____ No ____

Were you employed by the City of Leesburg prior to entering the military service?

Yes ____ No ____

Have you been employed by any State, County, City, agency or public subdivision of the State since leaving military service?

Yes ____ No ____

If yes, name and address of employer: _____

Dates of employment (from) _____ (to) _____

Are you a disabled veteran who has served on active duty and who has a presently existing service connected disability which is compensable under public law administered by the Veterans Administration?

Yes ____ No ____

Are you a veteran who has served at least one day during a wartime period as defined in Chapter 295.07 Section 1.01?

Yes ____ No ____

The dates of my military service were from _____ to _____.

The branch of my military service was _____.

Were you separated from the military service of the United States with an honorable discharge?

Yes ____ No ____

Were you ever classified by any branch of the armed forces of the United States as a deserter?

Yes ____ No ____

Are you the spouse of any person who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment?

Yes ____ No ____

Are you the spouse of any person who is missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power?

Yes ____ No ____

Are you the un-remarried widow or widower of a veteran who died of a service-connected disability?

Yes ____ No ____

I understand that an applicant eligible for veterans' preference who believes he or she was not afforded employment preference in accordance with the aforementioned rule, may file a complaint with the Florida Division of Veterans Affairs, PO Box 1437, St. Petersburg, FL 33731 requesting and investigation. When notice of a hiring decision is given by a covered employer, the complaint shall be filed within 21 calendar days from the date the notice is received by the applicant. I further understand that if the Florida Division of Veterans Affairs finds the complaint to be valid and the complainant and the employer fail to reach a satisfactory resolution, the complainant may petition the Public Employees Relations Commission for a hearing.

I understand when claiming veterans' preference I am responsible for providing required documentation at the time of making application for a vacant position. Documentation for veterans' preference shall include the following:

1. Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document commonly known as form DD214 or military discharge papers or equivalent certification for the Veterans Administration listing military status, date of service and discharge type.
2. Disabled veterans shall also furnish a document from the Department of Defense, the Veterans Administration or the Division of Veterans Affairs certifying that the veteran has a service-connected disability.
3. Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the Veterans Administration that the veteran is totally and permanently disabled or an identification card issued by the Division of Veterans Affairs; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
4. Spouses of persons on active duty shall furnish a document from the Department of Defense or the Veterans Administration certifying that the person on active duty is listed as missing in action, captured in the line of duty or forcibly detained or interned in the line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is not remarried.
5. The un-remarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the Veterans Administration certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried.
6. Spouses of persons eligible to claim preference under Section 55A-7.008(2) shall furnish certification from the Veterans Administration that the veteran has a service-connected disability.
7. All documents specified in the section must clearly indicate that they are originals or certified copies of originals.

Applicant's Signature

Date

****All applicants must sign acknowledging availability of the Veterans' Preference employment policy****

EMPLOYMENT APPLICATION DRUG POLICY STATEMENT

A drug-free work place policy has been adopted by the City of Leesburg in accordance with Section 440.102, Florida Statutes.

It is the policy of the City of Leesburg to ensure a drug-free work place. Employees are required to refrain from the use of drugs and from possessing, distributing, dispensing or being under the influence of drugs while at the work place. Persons who unlawfully use, possess, distribute or dispense drugs, or who are under the influence of illegal drugs while in the work place are deemed not suitable for employment. Any employee or job applicant who refuses to submit to a drug test shall be subject to discipline or discharge by the City in the case of an employee, or refusal to hire by the City of any job applicant.

Certain employees of the City of Leesburg fall within the purview of the collective bargaining agreements between the City and the Professional Firefighters of Leesburg. The relevant articles in these bargaining agreements shall prevail in the cases of conflict between this policy and the bargaining agreements until such time as the bargaining agreements expire. An employee who is disciplined may pursue any applicable remedy or appeal pursuant to the agreements with the Public Employees Relations Commission, the City or an applicable court.

The City will conduct the following types of drug tests as authorized by Florida Statutes and pursuant to City Policy: Job Applicant Testing; Reasonable Suspicion Testing; Routine Fitness for Duty Testing; and Follow-Up Testing. Certain departments/positions are governed by the Department of Transportation 49 CFR Part 199 and 49 CFR Part 40 regulations and the Federal Highway Administration 49 CFR Parts 382 and 391 and are also subject to random and post-accident testing.

Employees and job applicants who are using prescription and non-prescription medication may report such facts to the City before or after being tested by a signed, dated letter to his/her department supervisor or the Human Resources Director, as the case may be. A list of the most common medications which may alter or affect a drug test may be obtained from the office of the Human Resources Director.

Employees and job applicants have the right to consult the testing laboratory for technical information regarding prescription and non-prescription medication. The name and address of the laboratory conducting the drug testing will be provided to the applicant/employee at the time of the test. It is the employee's or job applicant's responsibility to notify the laboratory of any administrative or civil actions brought pursuant to the Drug-Free Work Place Policy.

An employee or job applicant who receives a positive confirmed drug test result may submit information to the City contesting or explaining the results within 5 working days after written notification of the positive test result.

The names, addresses, and telephone numbers of local employee assistance programs and alcohol and drug rehabilitation programs are made available to employees through the City Human Resources Office.

All information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by the City through a drug testing program are confidential communications and will not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceeding, except in accordance with Section 440.102, Florida Statutes; in determining compensability under Chapter 440, Florida Statutes, or pursuant to Florida's Public Records Act.

The following is a list of the drugs for which the City may test, described by brand names or common names, as applicable, as well as by chemical names:

DRUGS

TRADE OR COMMON NAMES

Alcohol

Narcotics

Opium
Morphine
Codine

Heroin
Hydromorphone
Meperidine (Pethidine)
Other Narcotics

Dover's Powder, Paregoric, Parepectolin
Morphine, Pectoral Syrup
Tylenol with Codeine, Empirin Compound with Codine,
Robitussin A-C
Diacetylmorphine, Horse, Smack
Dilaudid
Demeoral, Mepergan
LAAM, Leritine, Numorphan, Percodan, Tussionex,
Fentanyl, Darvon, Talwin, Lomotil

Depressants

Chloral Hydrate
Barbiturates
Benzodiazepines

Methazualone
Glutethimide
Other Depressants

Noctec, Somnos
Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate
Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax,
Serax, Traxene, Valium, Verstran, Halcion, Paxipam, Restoril
Quaalude
Doriden
Equanil, Miltown, Noludar, Placidyl, Valmid

Stimulants

Cocaine
Amphetamines
Phenmetrazine
Methylphenidate
Other Stimulants

Coke, Flake, Snow, Crack
Biphetamine, Delcobese, Desoxyn, Dexedrine, Mediatric
Preludin
Ritalin
Adipex, Barcarate, Cylert, Didrex, Ionamin, Pelgine, Pre-Sate,
Sanorex, Tnuate, Tepanil, Voranil

Hallucinogens

LSD
Mescaline and Peyote
Amphetamine, Variants
Phencyclidine
Phencyclidine Analogs
Other Hallucinogens

Acid, Microdot
Mexc, Buttons, Cactus
2, 5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB
PCP, Angel Dust, Hog
PCE, PCPy, TCP
Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn

Cannabis

Marijuana
Tetrahydrocannabinol
Hashish
Hashish Oil

Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks
THC
Hash
Hash Oil

Propoxyphene

Darvocet, Darvon N, Dolene

***I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND
ACKNOWLEDGE THAT THE CITY OF LEESBURG IS A DRUG-FREE***

Applicant's Signature

Date

PERMISSION FOR JOB BACKGROUND INVESTIGATION AND RELEASE FORM FOR CONSUMER REPORTS

I, the undersigned Applicant, agree and authorize the City of Leesburg to investigate all areas of my employment background in connection with my application for employment. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that the City of Leesburg will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by the City of Leesburg to furnish the above-mentioned reports at any time during my employment with the City of Leesburg.

I have the right to make a request of the credit reporting agency, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment with the City of Leesburg.

Print your name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License - State: _____ Number: _____

For Identification Purposes:

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Race: _____ Gender _____

Other or former names: _____

Professional License - State: _____ Type: _____ Number: _____

Applicant's Signature

Date Signed

Witness Signature

Printed Witness Name

Application will be considered as incomplete if applicant's signature is not witnessed

APPLICANT'S CERTIFICATION OF UNDERSTANDING

1. I understand and agree with the condition that any position offered to me in the Leesburg Police Department will be contingent upon the results of a complete background investigation correlated to the information provided by me in this application.
2. I understand and agree with the condition that I may be required to submit to a P.S.E. examination or polygraph examination relative to the information I have provided in this application.
3. I understand and agree with the condition that this completed application shall be the property of the City of Leesburg.
4. I understand and agree with the condition that I now declare that all information I have provided in the application is the truth and complete to the best of my knowledge.

Signature of Applicant

The foregoing instrument was acknowledged before me on this _____ day of _____

_____ by _____

who has produced _____ as identification and did not take an oath.

Signature of Notary Public

(Notary Seal)



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**



**CJSTC
58**

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. *Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.*

Applicant's Signature _____

Date _____

Applicant's Address _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My Commission expires on _____, 20_____. Personally Known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____

CITY OF LEESBURG, FLORIDA SOCIAL SECURITY NUMBER COLLECTION POLICY

Florida Statute 119.071(5) provides that a "commercial entity" engaged in performance of a "commercial activity" may access Social Security numbers through a public records request under specified conditions. The statute provides definitions of "commercial entity" and "commercial activity" and provides a list of requirements the commercial entity must meet in order to access Social Security numbers.

The City of Leesburg, Florida is required to have a written Social Security number collection policy. This policy must be provided to an individual when the City of Leesburg collects that individual's Social Security number.

Social Security numbers collected by an agency may not be used by the agency for any purpose other than the purpose provided in the written statement.

All public records requests for Social Security numbers must be referred to the City Clerk.

The City of Leesburg, Florida, collects your social security number for any of the following purposes:

- (1) Classification of accounts, Identification and verification, Credit worthiness, Billing and payments, Data collection, reconciliation, tracking benefit processing, tax reporting;
- (2) To facilitate collection of debts on past due accounts including utility accounts;
- (3) To conduct credit checks on potential utility customers
- (4) To verify identity
- (5) To render IRS Form 1099 to persons for whom Federal law requires the City to issue that form;
- (6) To conduct background checks on possible vendors, employees, or independent contractors
- (7) To complete fingerprint cards as necessary
- (8) For arrest warrants or affidavits
- (9) For issuance of taxi or peddler/solicitor permits
- (10) For checks and confirmations of warrants
- (11) For suspect reports
- (12) For credit counseling
- (13) For mortgage applications
- (14) For SHIP applications for down payment assistance through Lake County
- (15) For the following purposes related to Human Resources Department:
 - a. Applicant Tracking
 - b. Child Support Enforcement
 - c. Internal Revenue Service Levies
 - d. Savings Bonds
 - e. Insurance coverage
 - f. Payroll deductions
 - g. Employee evaluations
 - h. Pension and benefits
 - i. Workers Compensation
 - j. Verification of employment
 - k. ICMA (International City Manager Association) Pension or Benefit payments
 - l. Unemployment taxes and quarterly reports
 - m. Collection and remittance of taxes
 - n. Personnel Identification
 - o. Computer Purchase Agreements
 - p. Family Medical Leave Act paperwork
 - q. General Personnel Matters

Social Security numbers are also used as a unique numeric identifier and may be used for search purposes. Social Security numbers will not be disseminated to the public except as provided by applicable State of Florida and Federal law as now in effect or as hereafter amended.

SOCIAL SECURITY NUMBER COLLECTION POLICY

I have received the City of Leesburg's Social Security Number Collection policy as prescribed by Florida Statute 119.071(5)

Signature

Please Print Name

Date Received